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**State/Territory Name: South Dakota**

**State Plan Amendment (SPA) #: SD-13-022**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
1600 Broadway, Suite 700  
Denver, CO 80202-4967



**Region VIII**

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March 7, 2014

Kim Malsam-Rysdon, Secretary  
Department of Social Services  
Richard F. Kneip Building  
700 Governors Drive  
Pierre, SD 57501-2291

RE: South Dakota #13-022

Dear Ms. Malsam-Rysdon:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 13-022. This SPA allows the Department to use the financial eligibility findings of the Supplemental Nutrition Assistance Program (SNAP) to enroll and reenroll children under age 19 in Medicaid.

Please be informed that this State Plan Amendment was approved on March 4, 2014 with an effective date of January 1, 2014. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Laurie Jensen at (303) 844-7126.

Sincerely,

A handwritten signature in black ink, appearing to read "R. C. Allen".

Richard C. Allen  
Associate Regional Administrator  
Division for Medicaid & Children's Health Operations

CC: Kirby Stone, Medicaid Director  
Ann Schwartz  
Sarah Aker

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER: SD-13-22	2. STATE: South Dakota
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2014	

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 1902(e)(13) of the Act	7. FEDERAL BUDGET IMPACT: a. FFY 2014: \$ 0.00 b. FFY 2015: \$ 0.00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  11b, 11c, 11d, and 11e	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  New

10. SUBJECT OF AMENDMENT:

Allows the Department of Social Services to use the financial eligibility findings of the Supplemental Nutrition Assistance Program (SNAP) to enroll and reenroll children under age 19 in Medicaid.


11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT


☐ OTHER, AS SPECIFIED:

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO:  DEPARTMENT OF SOCIAL SERVICES DIVISION OF MEDICAL SERVICES 700 GOVERNORS DRIVE PIERRE, SD 57501-2291
13. TYPED NAME:  Kim Malsam-Rysdon	
14. TITLE: Cabinet Secretary	
15. DATE SUBMITTED: 1/2/2014	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: <b>01/02/14</b>	18. DATE APPROVED: <b>03/04/14</b>
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>01/01/14</b>	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: <b>Richard C. Allen</b>	22. TITLE: <b>ARA, DMCHO</b>
23. REMARKS:	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
 MEDICAL ASSISTANCE PROGRAM  
**State/Territory:** SOUTH DAKOTA

SECTION 2. COVERAGE AND ELIGIBILITY

Citation  
 1902(e)(13)  
 of the Act

2.1 Application, Determination of Eligibility and Furnishing Medicaid  
(continued)

- (e) Express Lane Option. The Medicaid State agency elects the option to rely on a finding from an Express Lane agency when determining whether a child satisfies one or more components of Medicaid eligibility. The Medicaid State agency agrees to meet all of the Federal statutory and regulatory requirements for this option. This authority may not apply to eligibility determinations made before February 4, 2009, or after September 30, 2013.

- (1) The Express Lane option is applied to:

\_\_\_\_\_ Initial determinations

\_\_\_\_\_ Redeterminations

  X   Both

- (2) A child is defined as younger than age:

  X   19

\_\_\_\_\_ 20

\_\_\_\_\_ 21

- (3) The following public agencies are approved by the Medicaid State agency as Express Lane agencies:

Supplemental Nutrition Assistance Program (SNAP)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
 MEDICAL ASSISTANCE PROGRAM  
**State/Territory: SOUTH DAKOTA**

SECTION 2. COVERAGE AND ELIGIBILITY

2.1 Application, Determination of Eligibility and Furnishing Medicaid  
(continued)

- (4) The following component/components of Medicaid eligibility are determined under the Express Lane option. Also, specify any differences in budget unit, deeming, income exclusions, income disregards, or other methodology between Medicaid eligibility determinations for such children and the determination under the Express Lane option.

Income eligibility will be determined under the Express Lane Option.

**Income**

**SNAP:** The gross income test is at or below 130% of the federal poverty level. The net income test is at or below 100% of the federal poverty level. Households must be at or below both gross income and net income tests unless one member of the household is over age 60 or permanently disabled, then only has to be at or below the net income test.

**Medicaid:** The gross income test is at or below 177% FPL.

**Household**

**SNAP** household unit consists of the following:

1. Husband and wife if they reside together;
2. Parents and children under age 22 if they reside together;
3. Children under age 18 if he/she resides with a non parent adult who has parental and/or financial control;
4. All individuals who reside together and purchase/prepare meals together.

**Medicaid** household unit consists of tax filer, tax dependent (including spouse living in the home). For non-tax filer, non-tax dependent or a tax dependent with an exception, the household unit consists of the individual and, if living with the individual, the individual's natural, adopted and step children under the age of 19. In the case of individuals under age 19, the individual's natural, adopted and step parents and natural, adoptive and step siblings under age 19.

**Deeming**

No income deeming rules for SNAP or Medicaid.

**Income Exclusions**

**SNAP:** Income exclusions are: educational income; legally obligated child support paid; allowable self-employment costs; in-kind income; vendor payments; HUD utility payments; foster care payments if the child is opted out of SNAP; charitable donations if not intended for the household's basic month to month needs; loans; reimbursements if not for normal living expenses; third party funds; earnings of child under

age 18 if the child is in school at least ½ time and the child is residing with a parent or an adult with parental control; lump sum payments; income tax refunds and earned income tax credits; energy assistance; recoupments from the source used to repay the source; Workforce Investment income if it is not on the job training; and income excluded by federal law.

SNAP deducts a standard deduction (based on household size), 20% of earned income; dependent care expenses if needed for training or employment; medical expenses for individuals over age 60 or permanently disabled; and a portion of the household's shelter expenses from the household's gross income to arrive at a net income figure to determine the benefit amounts.

Farm losses are deducted from other income if the farm grossed at least \$1000 in the business year.

Medicaid: Based on Tax rules.

(5) Check off and describe the option used to satisfy the Screen and Enroll requirement before a child may be enrolled under title XXI.

\_\_\_\_\_ (a) Screening threshold established by the Medicaid agency as:

\_\_\_\_\_ (i) \_\_\_\_\_ percentage of the Federal poverty level which exceeds the highest Medicaid income threshold applicable to a child by a minimum of 30 percentage points: specify \_\_\_\_\_; or

\_\_\_\_\_ (ii) \_\_\_\_\_ percentage of the FPL (describe how this reflects the value of any differences between income methodologies of Medicaid and the Express Lane agency: \_\_\_\_\_)

\_\_\_\_\_); or

\_\_\_\_\_ (b) Temporary enrollment pending screen and enroll.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
**State/Territory:** SOUTH DAKOTA

SECTION 2. COVERAGE AND ELIGIBILITY

2.1 Application, Determination of Eligibility and Furnishing Medicaid  
(continued)

  X   (c) State's regular screen and enroll process for CHIP.

  X   (6) Check off if the State elects the option for automatic enrollment without a Medicaid application, based on data obtained from other sources and with the child's or family's affirmative consent to the child's Medicaid enrollment.

       (7) Check off if the State elects the option to rely on a finding from an Express Lane agency that includes gross income or adjusted gross income shown by State income tax records or returns.